

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**or Fax (571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where applicable. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/21/2005  
**Kenyon & Kenyon**  
 Suite 600  
 333 W. San Carlos Street  
 San Jose, CA 95110-2711 09753764  
 01/10/2006 TBESHAH2 00000080 110600  
 01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:6001 30.00 DA

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**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**Barbara Vance**

(Depositor's name)

**Barbara Vance**

(Signature)

**January 9, 2006**

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/753,764	12/29/2000	Sailesh Konapalli	2207/10122	3475

**TITLE OF INVENTION: METHOD AND APPARATUS FOR INSTRUCTION POINTER STORAGE ELEMENT CONFIGURATION IN A SIMULTANEOUS MULTITHREADED PROCESSOR**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUISMAN, DAVID J	2183	712-228000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 **Kenyon & Kenyon**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Intel Corporation****Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies ten (10)

## 4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Stephen T. NealDate January 9, 2006Typed or printed name Stephen T. NealRegistration No. 47,815

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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16:45

KENYON KENYON

14089757501 P.01

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333 West San Carlos Street  
Suite 600  
San Jose, CA 95110  
Direct Tel: (408) 975-7970  
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**FACSIMILE TRANSMITTAL SHEET**

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TO:	FROM:
Examiner David J. HUISMAN	Stephen T. Neal
COMPANY:	DATE:
USPTO	January 9, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-2885	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	Intel 2207/10122
RE:	YOUR REFERENCE NUMBER:
Serial No.: 09/753,764	Group Art Unit: 2183

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URGENT    FOR REVIEW    PLEASE COMMENT    PLEASE REPLY    CONFIRMATION  
 ORIGINAL WILL FOLLOW    ORIGINAL WILL NOT FOLLOW

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Notes/Comments:**ISSUE FEE**

1. Fax Cover Sheet (1)
  2. Fee Transmittal (and one copy) (2)
  3. Issue Fee Transmittal (and one copy) (2)
- Total: (5) pages

**Certificate of Facsimile Transmittal**

I hereby certify that the above referenced correspondence is being transmitted via facsimile under 37 C.F.R. §1.11 to Examiner David J. HUISMAN at facsimile number: (571) 273-2885 at the United States Patent and Trademark Office.

Dated: January 9, 2006Signature: Barbara Vance

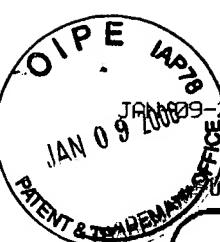
Barbara Vance

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JAN 09 2009-2006 16:45

KENYON KENYON

14089757501 P.02

PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006, OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2006

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1,700.00**

Complete if Known

Application Number	<b>09/753,764</b>
Filing Date	<b>December 29, 2000</b>
First Named Inventor	<b>Salles B. KOTTAPALLI</b>
Examiner Name	<b>David J. HUISMAN</b>
Art Unit	<b>2183</b>
Attorney Docket No.	<b>Intel 2207/10122</b>

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
 Deposit Account
Deposit Account Number  
**11-0600**Deposit Account Name  
**Kenyon & Kenyon LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)			<b>(\$ 0)</b>

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20 **	= <b>50.00</b>	= <b>50.00</b>
			-3 -	= <b>200.00</b>	= <b>200.00</b>
				X <b>      </b>	= <b>      </b>
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim, if not paid	
1204	200	2204	100	** Reissue independent claims over original patent	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				<b>(\$ 0)</b>	

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	820*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,180	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	685
1502	490	2502	245
1503	680	2503	330
1460	130	1480	130
1807	50	1807	50
1806	180	1808	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) <b>Publication Fee:</b>			<b>300</b>
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			<b>(\$ 1,700.00)</b>

## SUBMITTED BY

Name (Print/Type)	Stephen T. Neal	Registration No. (Attorney/Agent)	47,815	Telephone	Complete (if applicable)
Signature	<i>Stephen T. Neal</i>			Date	<b>January 9, 2006</b>

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